



42 CFR – Part 2 and CFR Parts 160 & 164  
RECORDS RELEASE AUTHORIZATION EMPLOYER

I, \_\_\_\_\_, give my consent to:  
S.A.R.P.H. to disclose information from my S.A.R.P.H. record to:

---

(Employer name, address, phone number)

for the sole purpose of maintaining my participation in the S.A.R.P.H. program in good standing through monitoring of my employment and recovery process. I understand that the information disclosed **will be used solely for the purpose of verifying and monitoring my employment and practice as a licensed Registered Pharmacist or Pharmacy Intern**, in order to continue my participation in the S.A.R.P.H. program. The information will be limited to:

- A summary of my communications with the S.A.R.P.H. program representative;
- The results of my required evaluations and recommendations;
- Verification of my participation in the S.A.R.P.H. program, of my status in good standing;
- Notification of any practice limitations currently required;
- Information about the S.A.R.P.H. program;
- Any contract violations, relapses or positive ROB results.

I understand that I have no obligations whatsoever to disclose any information from my S.A.R.P.H. record and that I may revoke this consent at any time except to the extent that action has been taken in reliance thereon, by notifying S.A.R.P.H. in writing; specifying the effective date of revocation. Without such notice of revocation, this consent shall automatically expire upon termination of my involvement in the S.A.R.P.H. program.

---

DATE SIGNED

---

PARTICIPANT SIGNATURE

---

DATE SIGNED

---

WITNESS SIGNATURE